

CLAIMS ONLY							Application Number <i>10/664,145</i>	Filing Date		
							Applicant(s)			
							* May be used for additional claims or amendments			
CLAIMS	AS FILED <i>11-10-04</i>		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	<i>1</i>						51			
2		<i>1</i>					52			
3		<i>1</i>					53			
4		<i>1</i>					54			
5		<i>1</i>					55			
6		<i>1</i>					56			
7		<i>1</i>					57			
8		<i>1</i>					58			
9		<i>1</i>					59			
10		<i>1</i>					60			
11		<i>1</i>					61			
12		<i>1</i>					62			
13		<i>1</i>					63			
14		<i>1</i>					64			
15		<i>1</i>					65			
16		<i>1</i>					66			
17		<i>1</i>					67			
18		<i>1</i>					68			
19		<i>1</i>					69			
20		<i>1</i>					70			
21		<i>1</i>					71			
22		<i>1</i>					72			
23		<i>1</i>					73			
24		<i>1</i>					74			
25		<i>1</i>					75			
26		<i>1</i>					76			
27		<i>1</i>					77			
28		<i>1</i>					78			
29		<i>1</i>					79			
30		<i>1</i>					80			
31		<i>1</i>					81			
32		<i>1</i>					82			
33		<i>1</i>					83			
34		<i>1</i>					84			
35		<i>1</i>					85			
36		<i>1</i>					86			
37		<i>1</i>					87			
38		<i>1</i>					88			
39		<i>1</i>					89			
40		<i>1</i>					90			
41		<i>1</i>					91			
42		<i>1</i>					92			
43		<i>1</i>					93			
44		<i>1</i>					94			
45		<i>1</i>					95			
46		<i>1</i>					96			
47		<i>1</i>					97			
48		<i>1</i>					98			
49		<i>1</i>					99			
50		<i>1</i>					100			
Total Indep	<i>2</i>						Total Indep			
Total Depend	<i>12</i>						Total Depend			
Total Claims	<i>14</i>						Total Claims			